

3

Please type a plus sign [+] inside this box →

+

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with initial Filing or <input checked="" type="checkbox"/> Declaration Submitted after initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket No.	IN - 5455
	First Named Inventor	Keith L. SALTER et al.
	COMPLETE IF KNOWN	
	Application Number	10 /064,684
	Filing Date	August 7, 2002
	Group Art Unit	
Examiner Name		

As below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ACIDIC REDUCER FOR PROVIDING INCREASED ADHESION OF A TWO COMPONENT
POLYURETHANE PRIMER TO SUBSTRATES**

(Title of the Invention)

The specification of which:

☐ is attached hereto☒ Was filed on **August 7, 2002** as United States Application or PCT International Application Number **10/064,684**
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application

I hereby claim foreign priority benefits under 35, U.S.C § 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate or 365 (a) of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below, by checking the box, any foreign application(s) for patent or inventor's certificate, or any PCT international application(s) having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date DATE/MONTH/YEAR	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application number are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C 119(e) of any United States provisional application(s) listed below:

APPLICATION NUMBER(S)	FILING DATE	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

County	United States of America	Telephone	(248) 948-2355	Fax	(248) 948-2093
---------------	--------------------------	------------------	----------------	------------	----------------

IN-5455

DECLARATION —	Utility or Design Patent Application
---------------	--------------------------------------

POWER OF ATTORNEY

☒ I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	<div style="text-align: center;"> 26922 PATENT-TRADEMARK OFFICE</div>	or <input type="checkbox"/> Correspondence address below
---	--	--

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name OF SOLE OR FIRST NVENTOR:				A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Keith L.		Family Name or Surname		SALTER		
Inventor's Signature				Date		8/13/02		
Residence: City		Delta	State	Ohio	Country	United State of America	Citizenship	American
Mailing Address		3303 County Road 9						
City	Delta	State	Ohio	Zip	43515			

IN-5455

DECLARATION —	Utility or Design Patent Application
---------------	--------------------------------------

POWER OF ATTORNEY

☒ I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	<div style="text-align: center;"> 26922 PATENT-TRADEMARK OFFICE</div>	or <input type="checkbox"/> Correspondence address below
---	--	--

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name OF SECOND NVENTOR:				A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		David L.		Family Name or Surname		NEWTON	
Inventor's Signature				Date <i>Aug 13, 2002</i>		<i>David L. Newton</i>	
Residence: City	Toledo	State	Ohio	Country	United State of America	Citizenship	American
Mailing Address		4940 Pine Ridge Road					
City	Toledo	State	Ohio	Zip	43615		

IN-5455


DECLARATION —	Utility or Design Patent Application
---------------	--------------------------------------

POWER OF ATTORNEY

☒ I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	 26922 PATENT-TRADEMARK OFFICE	or <input type="checkbox"/> Correspondence address below
---	---	--

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name OF ADDITIONAL NVENTOR:				A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Charleen K.		Family Name or Surname		MORRISON	
Inventor's Signature				Date Aug-13-2002			
Residence: City	Liberty Center	State	Ohio	Country	United State of America	Citizenship	American
Mailing Address	2-799 County Road V						
City	Liberty Center	State	Ohio	Zip	43532		